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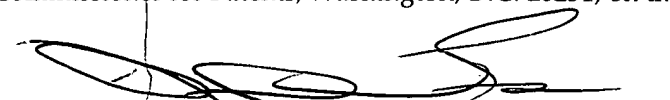
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APPLICANTS: Konstantine Iourcha et al.  
SERIAL NO.: 09/823,163  
FILING DATE: March 30, 2001  
TITLE: Area and Span Based Z-Buffer  
EXAMINER: Unknown  
ART UNIT: Unknown  
ATTY.DKT.NO.: PA1744

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Bradley W. Scheer

COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the subject application as follows:

In the Specification:

Please substitute the following amended paragraph for the pending paragraph with the same number.



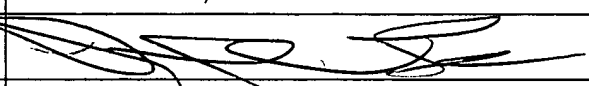
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PTO/SB/21 (08-00)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/823,163	
	Filing Date	March 30, 2001	
	First Named Inventor	Konstantine Iourcha, et al.	
	Group Art Unit	unknown	
	Examiner Name	unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	PA1744US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  Remarks  Total page number does not include postcard and check(s), if applicable.	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Postcard</b>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carr & Ferrell, LLP Cust. No. 22830
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